Guidance to accompany the Isle of Wight Council (IWC) Special Educational Needs & Disability (SEND) Banding Framework for children and young people in maintained and other state-funded mainstream schools.

The SEND Banding Framework has been developed by the Special Educational Needs & Disability (SEND) Service in partnership with maintained and other state-funded mainstream schools; Hampshire & Isle of Wight Educational Psychology (HIEP); IWC Education Finance; IWC Legal Services; representatives from Solent NHS, and local parents and carers.

The purpose of the SEND Banding Framework is to provide a shared understanding for schools, the local authority, other education related professionals, parents/carers, and services such as health and social care, to:

- Assist in identifying SEND in children and young people alongside the Hampshire and Isle of Wight SEN Support Guidance for Schools
- Provide guidance on provision recommended to meet these needs
- Support development of knowledge and understanding about SEND
- Contribute to the development of good SEND and inclusive practice
- Provide a framework to support robust decision-making in relation to Education, Health and Care (EHC) Needs Assessments
- Where an Education Health and Care Plan (EHC Plan) is required, determine the top-up funding that the local authority pays to mainstream schools.

The SEND Banding framework document works in partnership with, and should be read alongside, the Hampshire and Isle of Wight SEN Support Guidance for Schools.
https://search3.openobjects.com/mediamanager/hampshire/directory/files/sen_support_guidance_for_schools_-_for_web.pdf

The bands referred to in the SEN Banding Framework apply to EHCP top-up funding where a pupil attends a mainstream school only. The bands do not apply to EHC Plans where the pupil attends a special school, resourced provision within a mainstream school or any other place of education. Bands do not apply to Early Years or post-16 funding arrangements.

The SEND pathway

As per Chapter 6 of the SEND Code of Practice (2015), SEND provision across the Isle of Wight is addressed through a 'graduated approach' where children's SEND needs are met within a proportionate and graduated response.

The SEND pathway shows a graduated approach to ways in which needs may be met. Many children and young people (CYP) are identified as requiring SEND support, but the level and extent of additional support will vary significantly within that group, including for CYP who have the same category of need. Therefore, a graduated approach is important, and a 'one size fits all' approach would not be appropriate.

Identifying and meeting children's SEND

- Schools have a statutory duty to identify and meet all children's SEND at SEN Support stage of the graduated approach – the standard set out in the SEND Code of Practice (2015)
- The Hampshire and Isle of Wight Services SEN Support Guidance for Schools sets out the duties and expectations for mainstream schools in identifying, planning, and meeting the needs of children and young people who are supported at SEN Support.
- Schools must use their *best endeavours* to identify and provide support for all children who require it from the resources ordinarily available to them. These include:
  - the notional SEN budgets
  - the whole school budgets
  - support from outside professionals and agencies/services provided by the local authority, such as the SEN Service; the Inclusion Support Services; the Hampshire Inspection Advisory Service (HIAS); Hampshire and Isle of Wight Education Psychology (HIEP); the Specialist Teacher Advisory Service (STAS); Schools Speech and Language Team; NHS Services such as Speech and Language Therapy (SALT); Occupational Therapy (OT); Child & Adolescent Mental Health Service (CAMHS); and School Nursing Service.
- The majority of pupils with SEND will have their needs met at SEN Support.

Children and young people with SEN may also have a medical condition. Where a child or young person has a medical condition, whether or not they have SEND, schools must refer and have regard to the statutory guidance Supporting Pupils at School with Medical Conditions (December 2015):
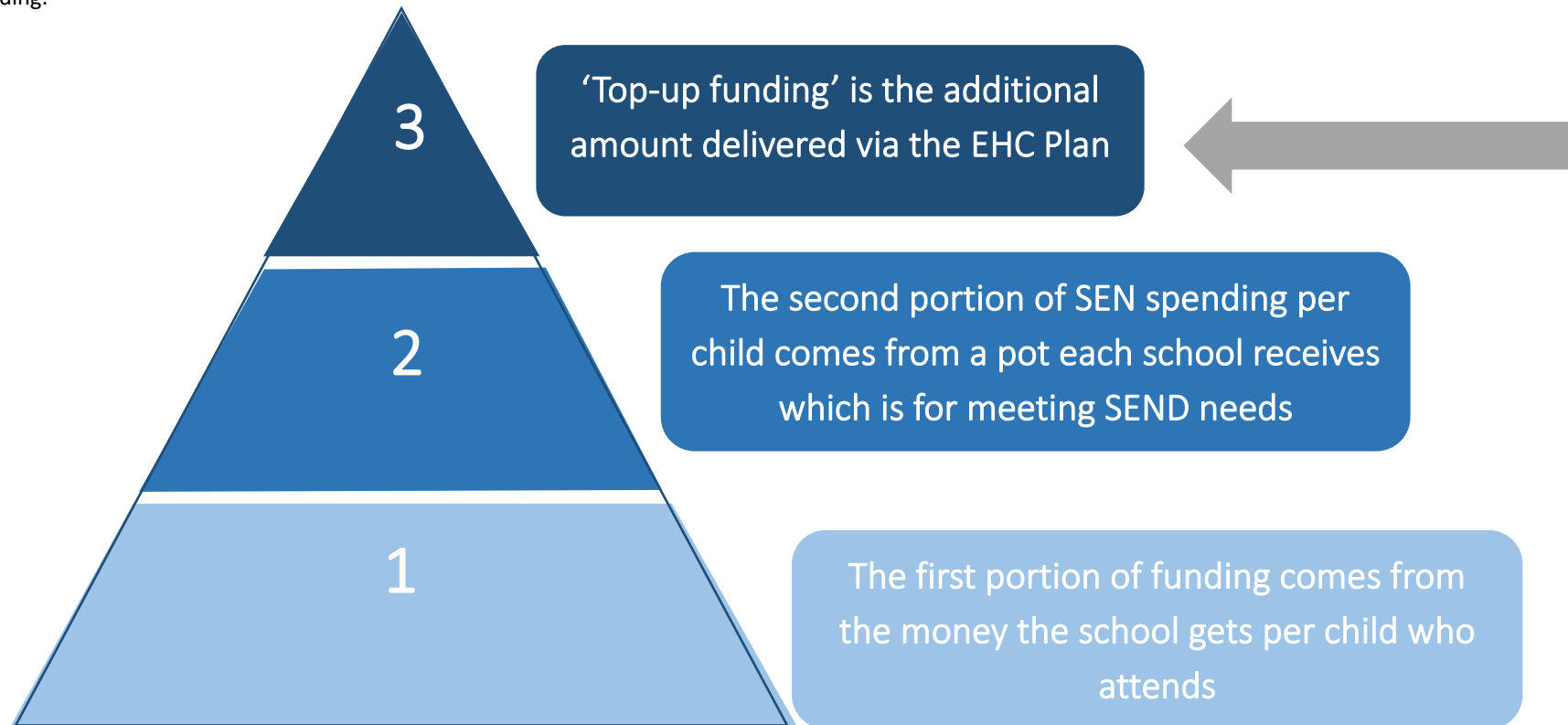
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Assessment of SEN and issuing of Education Health and Care Plans (EHC Plans)

- The legal test of when a child or young person requires a statutory Education Health and Care Needs Assessment is set out in the Children and Families Act 2014:
  - The local authority must secure an EHC needs assessment if the authority is of the opinion that the child or young person may have special educational needs, and it may be necessary for special educational provision to be made in accordance with an EHC plan.

- In considering whether an EHC needs assessment is necessary, the local authority should consider whether there is evidence that despite the early years provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young person has not made expected progress.

- The function of an EHC assessment is to:
  - identify the child's SEND, and any related health and social care needs.
  - provide advice to the local authority about the child's needs and the provision required to meet those. It should also detail any related health and social care needs and provision.
  - assist the local authority to determine if it is required to issue an EHC Plan.
- The legal test of when a child or young person requires an EHCP is set out in the Children and Families Act 2014:
  - Where, in the light of an EHC needs assessment, it is necessary for special educational provision to be made for a child or young person in accordance with an EHC plan, the local authority must secure that an EHC plan is prepared for the child or young person.

- Where an assessment leads to the production of an EHCP, the banding framework supports the SEN Service to robustly determine the appropriate level of 'top-up' funding to allocate to the school to deliver the provision detailed in the EHC plan.

What is 'top-up' funding?

- Pupils with SEND are funded through three funding elements.
- 'Top-up funding' is the amount made available to a mainstream school to deliver the provision in an EHC Plan.
- This over and above that which the school are expected to fund themselves from their general funding.

3

'Top-up funding' is the additional amount delivered via the EHC Plan

2

The second portion of SEN spending per child comes from a pot each school receives which is for meeting SEND needs

1

The first portion of funding comes from the money the school gets per child who attends

Understanding the SEND Banding Framework

SEND practice and provision continually adapts to new research. As such, the SEND Banding Framework is intended to be an evolving framework and document that is periodically updated to reflect the latest evidence of best practice. The descriptors within the SEND Banding Framework are not exhaustive and provision should not be limited to the content of the framework.

SEN needs sections

This section describes needs at the three banding levels: SEN support, targeted (A and B) and enhanced (A and B) for the four overarching areas of need as set out by the SEND Code of Practice:

- Communication and Interaction
- Cognition and Learning
- Social, Emotional and Mental Health
- Physical and or Sensory Needs

The descriptors in these columns are **indicative and cumulative**; they are not exhaustive lists but rather reflect the types and complexity of SEND that children may be described as experiencing. A child does not need to be experiencing all the needs described.
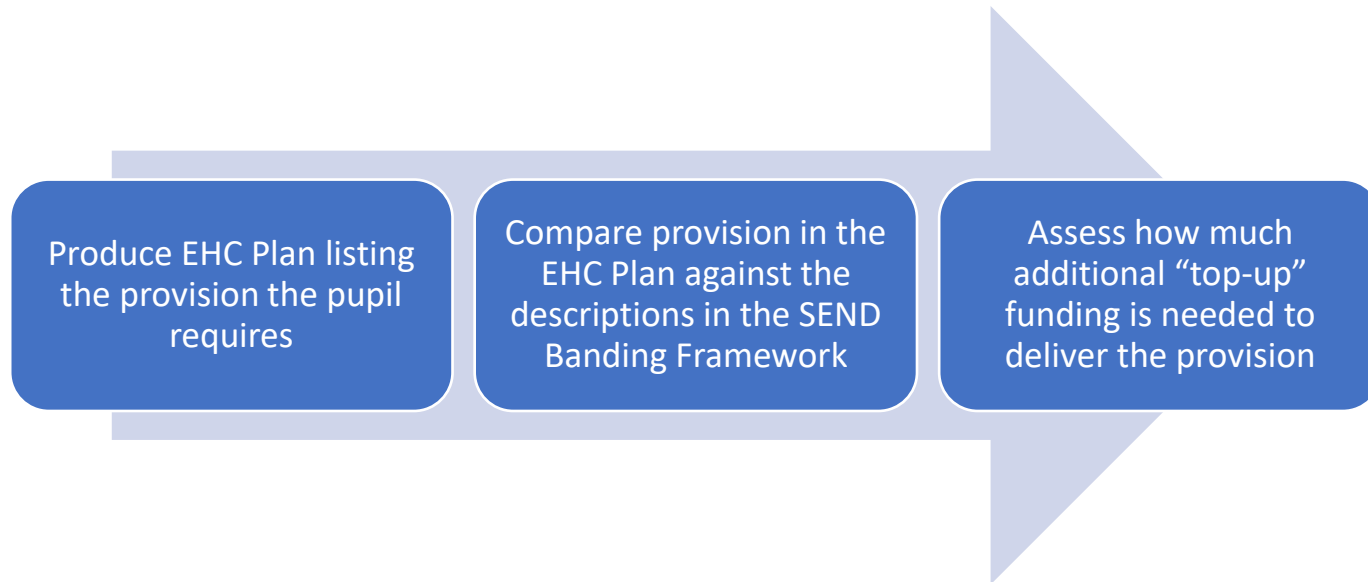
SEN provision sections

The descriptors in these columns are **indicative and cumulative**; they are not an exhaustive list but rather reflect the types and amounts of high-quality provision that it should be possible to deliver in maintained and other state-funded mainstream schools with top-up funding.

Provision outlined in the SEN Banding Framework assumes a foundation of Quality First Teaching for all children, including those with SEND. Quality First Teaching:
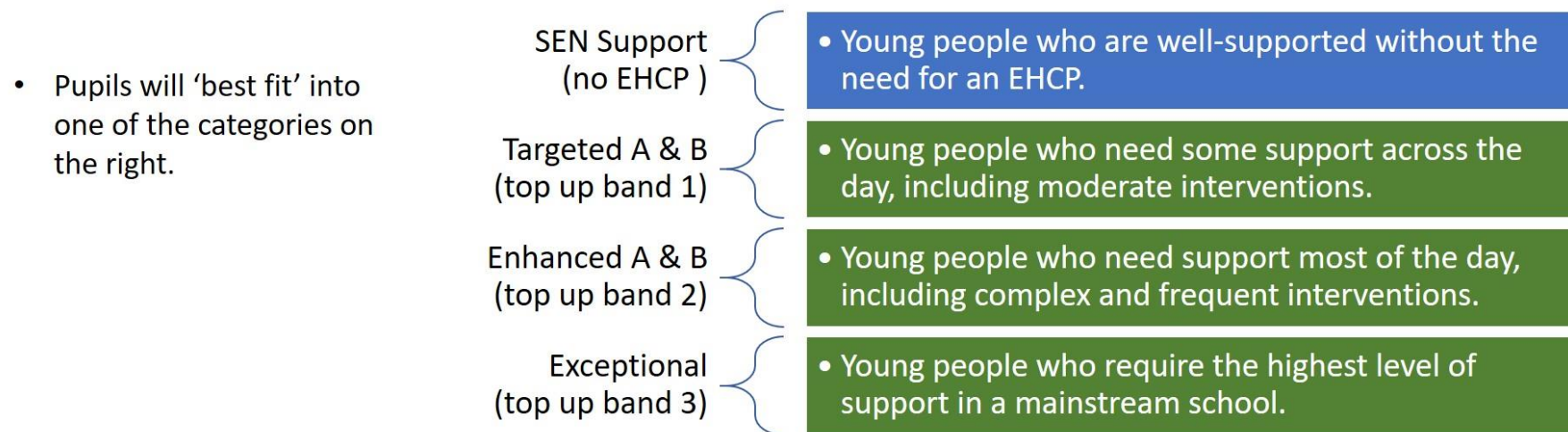
- Involves highly focused lesson design with time-bound and sharp objectives, based on the prior knowledge of learners
- Is informed by formative and summative assessment and sequential steps in learning linked to an evaluation of learners' current understanding
- Demands learner involvement and engagement with learning and high levels of interaction
- Draws on effective pedagogy including teacher questioning, modelling, explaining, and feedback
- Provides opportunities for learners to talk both individually and in groups

- Has an expectation that learners will develop and take responsibility for their own learning and work independently
- Uses encouragement and authentic praise to engage and motivate children
- Includes development of learners' emotional and social literacy skills e.g., self-awareness, self-regulation, empathy, motivation, and social skills

Produce EHC Plan listing the provision the pupil requires

Compare provision in the EHC Plan against the descriptions in the SEND Banding Framework

Assess how much additional "top-up" funding is needed to deliver the provision

Levels of need

The SEND Banding Framework continues in the theme of the 'graduated response' set out in the SEND Code of Practice (2015) by setting out additional provisions matched to increasing complexity and intensity of need. Each level of need and consequent provision builds on that described at the previous band. Each of the four overarching areas of SEND has four levels of need linked to a different amount of provision, with corresponding levels of funding.

- Pupils will 'best fit' into one of the categories on the right.

SEN Support (no EHCP)
- Young people who are well-supported without the need for an EHCP.

Targeted A & B (top up band 1)
- Young people who need some support across the day, including moderate interventions.

Enhanced A & B (top up band 2)
- Young people who need support most of the day, including complex and frequent interventions.

Exceptional (top up band 3)
- Young people who require the highest level of support in a mainstream school.

- **SEN Support:** Children and young people whose SEN can be effectively supported from the resources that are ordinarily available from schools' 'notional SEN budget', the totality of schools' budgets and other resources available to schools – e.g. support from central services provided by the local authority or the NHS. Schools have a duty to utilise these resources and where necessary to provide high-quality, appropriate support from the whole of its budget.

- **Targeted level funding:** Children require a level of additional or different SEN support at times throughout the day. The level of resourcing may exceed what the school can provide from its SEND budget.

Targeted A	Targeted B
Annual (£)	Annual (£)
£886	£1,665

- **Enhanced level funding:** Children require ongoing strategies, intervention and additional SEN support specifically designed for their needs. The level of resourcing required may exceed that which the school can provide from its budget and is at a higher level than that required for provision at the targeted support level.

Enhanced A	Enhanced B
Annual (£)	Annual (£)
£3,342	£5,120

- Consideration of **exceptional level funding** will be given by the local authority on **an entirely discretionary basis**, when EHC assessment demonstrates that the child's SEN and the provision to meet those needs goes beyond that which might be provided in mainstream school with Enhanced level funding.

Exceptional
Discretionary basis

SEN provision delivered on a one-to-one basis

Provision may be required to be delivered to pupils on a one-to-one basis. This may include specific interventions, or a pupil may require adult support for some, most or all of their school day. Where this is the case, one-to-one must form part of the wider implementation of the pupil's EHC Plan and as part of the expectation of high-quality teaching. Schools should not expect that all provision is delivered via one-to-one support, or that provision delivered by a suitably qualified and experienced Learning Support Assistant replaces high-quality teaching. Wherever provision is delivered on a one-to-one basis, this should always be kept under review and the pupil's progress balanced against dependency on adult support.

Provision of specialist equipment and/or training

A young person may require specific specialist equipment and/or training provided to adults working with them, some of which may be considered educational or medical in nature, or both. The provision of equipment or training may have a cost that may be one-off, required very few times across a young person's school career or more frequent. This does not necessarily mean that the provision of equipment or training places a young person in a higher band. Similarly, a high level of need may not necessarily mean that a young person falls into a higher band if that need is met through the provision of equipment, e.g., a need relating to a sensory impairment being met by equipment or technology. The provision of equipment or training is subject to individual assessment of need by the responsible funding body. Training can be provision or can be the expertise to deliver provision. Training may or may not be appropriate to be paid for by top-up funding subject to individual circumstances in assessment.

Review arrangements for the Banding Framework

Best practice in SEND and local authority duties evolve continuously. The SEND Banding Framework will be reviewed in line with updated statutory requirements.

The framework

The next section of this document sets out the framework across the broad areas of SEND. Needs and provision is set out from left to right in increasing bands against the levels of need described on page 6. It should be clear from the identified needs and provision in an Education Health and Care Plan how the County Council has determined which band of top-up funding has been allocated to a school to implement the Education Health and Care Plan.

Communication and Interaction

The SEND Code of Practice 2015 states:

'CYP with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.'

SLCN is an umbrella term which applies to all CYP who have difficulty with speech, language and/or communication. CYP with SLCN may need help to understand abstract vocabulary, words with more than one meaning depending on context and the literal meaning of language. They may benefit from support in drawing inference, making predictions, cause and effect reasoning and problem-solving. CYP with disordered, delayed expressive language may need help to access vocabulary (word retrieval), organise and express thoughts and ideas sequentially and express those ideas through both spoken and written output. CYP with SLCN do not necessarily experience delay in their academic learning. CYP with SLCN may have difficulty expressing emotion, which can result in frustration, high anxiety, ritualistic and/or challenging behaviour.

Children and young people may have limitations in understanding and interpreting the intentions of others, which can create high anxiety levels and lead to social problems if they lack sensitivity to the views and feelings of others. Conversely, they may be invasive of others' interpersonal space, finding social conventions difficult to understand or follow. They may demonstrate the need for a highly ordered and structured setting where changes to routine or transitions are particularly stressful. Children who may present as verbally articulate and acquire vocabulary easily (even exceeding early learning goals) can be overestimated, and may struggle with nuance, jokes, idioms or figures of speech. A child may develop a high level of technical vocabulary around a particular topic or subject, causing difficulties in transitions to other learning tasks or away from the subject of interest. All staff should be aware of the stages of typical language development; the impact of SLCN difficulties in the classroom; and the importance of the language environment on a child's ability to access academic, social, personal and extra-curricular opportunities.

NEEDS

SEN Support	Targeted: *SEN Support level plus the following:*	Enhanced: *SEN Support & Targeted levels plus the following:*
Attention & Listening **All Key Stages** • Difficulties in shifting focus away from preferred activity and / or sustaining attention in some contexts. • After an initial introduction phase, pupil responds quickly and positively to additional supports and can use these with high levels of independence.	**Attention & Listening** **All Key Stages** • Difficulties with shifting focus of attention between all activities and / or sustaining attention on the majority of adult directed tasks. • After an extended introduction phase, pupil responds positively to additional support, pupil can use supports with moderate levels of independence but will still require adult support to use consistently.	**Attention & Listening** **All Key Stages** • Pupil unable to shift own attention focus. • Pupil unable to 'listen and do' at the same time. • Pupil unable to sustain attention beyond a few minutes on the majority of activities or tasks, including those which have been self-selected. • Adult attempts at redirection result in significant and prolonged frustration, and distress. • Pupil responds inconsistently to additional support, pupil requires frequent adult support to access supports.
Receptive language **Key Stage 1** • Pupil has a mild-moderate receptive language disorder (either developmental or associated) that contributes to them being up to 2 years below age related expectations.	**Receptive language** **Key Stage 1** • Pupil has a moderate – severe receptive language disorder (either developmental or associated) that contributes to them being more than 2 years below age related expectations.	**Receptive language** **All Key Stages** • Pupil has a severe receptive language disorder (either developmental or associated) that contributes to life-long learning difficulties or disabilities, across several areas of development requiring targeted and specialist intervention.

Key Stage 2 upwards • Pupil has a mild-moderate receptive language disorder (either developmental or associated) that contributes to them being up to 3 years below age related expectations. **All Key Stages** • After an initial introduction phase, pupil responds quickly and positively to additional supports and can access these with high levels of independence.	**Key Stage 2 upwards** • Pupil has a moderate – severe receptive language disorder (either developmental or associated) that contributes to them being more than 3 years below age related expectations. **All Key Stages** • After an extended introduction phase, pupil responds positively to additional support, pupil can use supports with moderate levels of independence but will still require adult support to use consistently.	• Pupil responds inconsistently to additional supports (objects, visual representation of concepts or instructions). Pupil requires frequent adult support to access verbal information. • Pupil may exhibit frustration and anger, due to lack of understanding of verbal information required to engage effectively in learning; which is frequent, persistent and unresponsive to calming strategies. Frustration and anger may manifest itself via behaviours which cause significant risk of harm to the pupil or others.
Expressive Language • Pupil has a mild-moderate expressive language disorder (either developmental or associated) and / or demonstrates areas of difficulties in speech sound development as identified through formal and informal assessments. • Speech intelligibility may break down in connected speech. • Pupils' sentences may be restricted in length or complexity, have incorrect word order, include a high number of non-specific words, or have a particular difficulty with using curriculum specific words appropriately. • Pupil may experience difficulties in organising their thoughts in a coherent sequence, conveying more abstract and complex ideas or using	**Expressive Language** • Pupil has a moderate-severe expressive language disorder (either developmental or associated) and / or demonstrates multiple areas of disordered speech sound development as identified through formal assessment. • Speech may be unintelligible to listeners who do not know pupil well, but sounds are responsive to intervention. • Pupil cannot organise or use expressive language to communicate about things which are out of context in a way that can be understood by others (despite production of sounds being accurate and clear). This may be because difficulties with creating sentences, narratives or choosing accurate words have persisted beyond KS2.	**Expressive Language** • Pupil has a severe expressive language disorder (either developmental or associated) and / or demonstrates multiple areas of persistent and disordered speech sound development, as identified through formal assessment. • Speech sound disorder (if present) is unresponsive to intervention and unintelligibility persists into KS2 and beyond. • The functional impact of speech sound difficulties may be such that the student is withdrawn and has no social integration and limited functional communication (even with AAC). • Pupil may be unable to organise or use expressive language to communicate effectively

language to explain or justify their thinking or actions but can communicate their message effectively with minimal additional questioning from the listener.

- This may cause infrequent and low risk frustration or anger from the pupil, but they respond positively to calming strategies.
- After an initial introduction phase, pupil responds quickly and positively to additional supports and can use these with high levels of independence.

Social communication

Pupil has difficulties with social communication that have a mild impact on daily functioning. However, after an initial introduction phase, pupil responds quickly and positively to additional support strategies and can use or access support strategies with high levels of independence.

- Expressive difficulties may cause frequent frustration or anger from the pupil, but they respond positively to calming strategies.
- Listeners have to use high levels of exploratory questioning and visual scaffolds to ensure accurate interpretation of the pupil's message.
- After an extended introduction phase, pupil responds positively to additional support.
- Pupil may require use of Augmentative and Alternative Communication (AAC) to support verbal expression of their thoughts, ideas and understanding within their environment and adult support is required to maintain the device.
- Pupil can use supports with moderate levels of independence but will still require adult support to use consistently.

Social communication

Pupil has difficulties with social communication that have a moderate impact on daily functioning. However, after an initial introduction phase, pupil responds positively to additional support strategies, pupil can use support strategies with moderate levels of independence but will still require adult input or intervention to use consistently.

in any context. Pupil may only be able to make basic needs known and this is not consistent.

- Pupils' expressive difficulties impact negatively on both their social, emotional development and learning.
- Pupil may exhibit frustration and anger, due to lack of language required to express their thoughts, needs, emotions and feelings; which is frequent, persistent and unresponsive to calming strategies. Frustration and anger may manifest itself via behaviours which cause significant risk of harm to the pupil or others.
- Pupil responds inconsistently to additional support, pupil requires frequent adult support to access supports.
- Pupil may be dependent on Augmentative and Alternative Communication (AAC) aids to share their thoughts, ideas and understanding within their environment and adult support is required to maintain the device.
- Pupil has low levels of independence with the AAC and requires frequent levels of adult modelling and support to access the AAC.

Social communication

Pupil has difficulties with social communication that have a severe impact on daily functioning and the pupil responds inconsistently to additional support

• difficulties in playing and / or interacting with peers appropriately (either socially or in a learning context), leading to frequent verbal disruptions in peer relationships but that can be resolved by an adult 'debrief'. • interruptions in class, 'missing the point' of questions or information, going off on a tangent in response to questioning, lack of awareness of other's prior knowledge / interest. • difficulties in understanding and expressing their feelings in an appropriate way, leading to some withdrawal behaviours, some negative self-talk, lack of asking for help or clarification in the classroom. • difficulties in understanding inference, abstract language, or non-literal language that lead to errors in answers or poor 'enquiry' with good understanding of facts and narrative. • difficulties in understanding change or social expectations which leads to low impact errors in actions or choices, withdrawal, or some anxiety.	• difficulties in playing and / or interacting with peers appropriately (either socially or in a learning context), leading to verbal or physical disruptions in peer relationships that can be resolved by an adult 'debrief'. • inappropriate responses to adults or peers that may be perceived as rude or disruptive and that need adult support to challenge or re-frame. • difficulties in understanding and expressing their feelings in an appropriate way, leading to anxiety, frustration or withdrawal behaviours, low self-esteem, isolation, or reluctance to attend some lessons or clarification in the classroom. • difficulties in understanding change or social expectations which leads to higher impact errors in actions or choices but do not pose risk of harm to pupil or others.	strategies, pupil requires frequent adult input or intervention to access support strategies. • difficulties in forming and maintaining appropriate relationships with peers that result in social isolation or social vulnerability. • Inappropriate responses to adults or peers that may be offensive in nature, highly disruptive and that immediate and frequent need adult support to challenge or re-frame. • difficulties in understanding and expressing their feelings in an appropriate way, leading to extreme anxiety, frustration or withdrawal behaviours that cause low attendance, or pose risk of harm to the pupil or others around the pupil. • difficulties in understanding change or social expectations which leads to higher impact errors in actions or choices that also pose risk of harm to pupil or others.

PROVISION

SEN Support – Ordinarily Available Provision	Targeted Provision *SEN Support level plus the following:*	Enhanced Provision *SEN Support & Targeted levels plus the following:*
• Modification of teaching environment to take account of sensory needs within and outside	• Access to a TA, who is trained in delivering specialist strategies, SaLT programmes and interventions (1;1, in class and / or group).	• All staff who work with the pupil are highly trained in use of specialist communication strategies and

classroom e.g. transition from one room to another • Visual supports are embedded to support language understanding e.g. symbols using Communication In Print • Frequent whole school training in supporting SLCN effectively in the classroom • Focused teacher training on adapting teaching for SLCN learners, identification, and intervention for pupils with SLCN • A socially appropriate and safe place to go to, take a break from the busier class environment that is located outside the classroom that can be used by the pupil with little supervision and support from adults. • Access to low or high tech AAC that can be used by the pupil with little supervision and support from the adults. • Communication Friendly Environment • A designated space within the classroom • Integration of strategies held in the SEN Support Guidance for Schools document or the Solent Therapy Support Pack for Schools into teaching and learning. • Implementation of the graduated response and provision of non-specialist strategies, interventions and resources (e.g. environmental adaptations, work spaces, Talk Boost, Pre-Teaching Vocabulary etc)	• A socially appropriate and safe place to go to, take a break from the busier class environment that is located outside the classroom that can be used by the pupil with infrequent supervision and support from adults. • Access to low or high tech AAC that can use used by the pupil with infrequent supervision and support from adults. • Planned and regular access to a named adult(s) to support implementation of strategies for peer interaction, emotional regulation, or social thinking. • Irregular or low frequency contact from the Speech and Language Service to support the development of communication and language skills • Access to advice, support and intervention from the CaL team within the Schools Speech and Language Service • Specific named strategies that are integrated into all learning opportunities • Key staff have an understanding of individual pupil's needs and are trained in use of appropriate strategies • Specialist social skill support (e.g. Social Thinking) guided by a Speech and Language Therapist	resources and have detailed knowledge of how to adapt them to the pupil's needs. • Regular and frequent direct and indirect contact with a Speech and Language Therapist to support the development of communication and language skills • A socially appropriate and safe place to go to, take a break from the busier class environment that is located outside the classroom; that can be used by the pupil with high levels of support from an adult. • Access to bespoke low or high tech AAC that can be used by the pupil with high levels of support from an adult. • Bespoke curriculum that has been adjusted to CYP level of learning and language needs. • Bespoke strategies and resources that can be integrated into daily learning opportunities with additional support from a trained adult. • High levels of personalisation and adaptation of resources and class materials to match them to the pupil's communication level. • Continuous, regular and direct adult support to facilitate peer interaction, emotional-regulation, or social thinking via specialist resources. • Co-ordinated provision map that details how interventions and strategies are applied and integrated across the school day.

• Assessment or referral to NHS Speech Therapy Services • Integration of NHS Speech and Language Therapy targets, programmes, and recommendations into daily learning opportunities. • Access to LSA run intervention groups (which may be overseen by a Speech and Language Therapist and are delivered by a trained LSA)		

Cognition and Learning

The SEN Code of Practice states:

'Support for learning difficulties may be required when CYP learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs:

• Moderate learning difficulties (MLD)

• Severe learning difficulties (SLD), when CYP are likely to need support in all areas of the curriculum and any associated difficulties with mobility and communication

• Profound and multiple learning difficulties (PMLD), when

CYP are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment

• Specific learning difficulties (SpLD), which affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.'

Needs

SEN Support	Targeted *SEN Support level plus the following:*	Enhanced *SEN Support & Targeted levels plus the following:*
Key Stage 1: • Attainment levels are up to 2 years below age related expectations **Key Stage 2 to 4:** • Attainment levels are up to 3 years below age related expectations • Specific difficulties in acquiring basic skills in literacy and/or numeracy	**Key Stage 1:** • Attainment levels are more than 2 years below age related expectations. • Assessment by an EP or specialist teacher has identified difficulties with cognitive processes that have had limited response to intervention **Key Stage 2 upwards:**	• Life-long learning difficulties or disabilities, across several areas of development requiring targeted and specialist intervention • Cognitive and learning difficulties have a profound impact on making choices and expressing their everyday needs; this impacts on ability to maintain good health and wellbeing

• Difficulties in most developmental and curriculum areas **Key Stage 2 upwards:** • Children have difficulties with language concepts required for learning • Children have difficulties with retaining skills and information, generalising skills, staying on tasks/ attention, confidence, organisation • Following the graduated approach and provision of SEN support, the child still requires specialist and/or additional resources to access the full curriculum or to enable participation in further education or training	• For Key Stage 2 to 4 – attainment levels are more than 3 years below age related expectations. Needs persist and appear resistant to previous interventions children do not have the necessary pre-requisite language skills for verbal reasoning, including understanding 2 keyword instructions, understanding and using basic past tense, relating items which go together (e.g., knife and fork, cow and milk), recognising and explaining similarities and differences between items, describe a scene in a picture, answer what, who and where questions • Sustained and marked difficulties in acquisition of literacy/numeracy skills, phonological awareness, graphophonic skills and/or handwriting, affecting access to the curriculum • The pupil has moderate learning difficulties. They are slow to learn and to generalise learning. They have difficulty working alone and cannot access the curriculum without considerable modification to programmes and materials which allows for repetition and over-learning • May also have difficulties with other areas e.g. motor skills, behaviour, social or emotional, self-esteem, speech, and language	• Processing difficulties limit independence such that additional adult support needed in all curriculum areas • Severe Learning Difficulties – children present with significant cognitive difficulties • Long term lack of progress despite a high level of specialist advice and intervention
	Key Stage 3 upwards: • Children do not have the necessary pre-requisite language skills for verbal reasoning,	

| | including following longer spoken directions, comparing items, justifying predictions, problem solving and inference

• Complex Learning Difficulties (CLD) – children with CLD have conditions that co-exist. They may present with a range of issues and combination of layered needs. Their attainments may be inconsistent, presenting an atypical or uneven profile

• Processing difficulties may limit independence and need additional adult support in some areas, requiring a moderated curriculum | |

Provision

Provision in mainstream schools will range from the normal differentiated curriculum which is part of quality teaching practices in the classroom, through to detailed programmes advised on by support services, and delivered by additional staff, as necessary.

Intervention programmes that are used to support learning must have a strong evidence base of effectiveness. Staff delivering intervention programmes should be fully trained and delivery of intervention should be monitored. If intervention programmes are used away from the main class, the class / subject teacher should plan to consolidate the same skills/ strategies in lessons. Time for children to over-learn and master skills should be planned into targeted provision so that outcomes are achieved. If children are supported in class, the focus should be promoting thinking skills and strategy use rather than task completion.

SEN Support – Ordinarily Available Provision	Targeted Provision *SEN Support level plus the following:*	Enhanced Provision *SEN Support & Targeted levels plus the following:*
• Curriculum is adapted to promote full participation, support hands on learning, use	• Greater personalisation of curriculum and outcomes (refer to outcomes relating to	• Personalised curriculum provides a high level of opportunities for repetition, over learning and consolidation of skills

- talk for learning, promote independence, and support social inclusion
- Advice from outside agencies or specialists within school incorporated into classroom or intervention sessions
- Curriculum differentiated so that content can be accessed independent of specific difficulties while supporting the development of key skills
- Curriculum provides opportunities for repetition, over learning and consolidation of skills at an appropriate level
- Questioning supports children in their learning and in developing independence
- Encouragement to verbalise, share and develop ideas prior to writing
- Pre teaching of vocabulary
- Use of developmental language appropriate to the child in questioning and explaining
- Visual supports are embedded to aid language understanding e.g. pictures, symbols, objects of reference, signing, gestures
- Use of strategies for scaffolding of literacy-based tasks e.g. writing frames, prompt and cloze activities, sequencing, cue cards, highlighting
- Access to alternative methods of recording (mind mapping, video or audio recording, posters, dictation, use of ICT)

- earlier aspects of the curriculum) to provide the child with the experience of success
- Specialist advice and input for school staff on how to enable full access to the curriculum and provide support for curriculum or skill areas and/or task analysis
- Opportunities to work with peers operating at the same curriculum level
- More time is allowed to enable learning to automaticity before further skills are taught (previous skills learned to automaticity, a small amount of new material is introduced, and all the material is practised together)
- Use of different levels of prompts working towards mastery and so independence e.g. visual strategies, modelling, 'hand over hand' approach
- Increased levels of mediation and support needed for children to make progress in other areas of need
- Use of additional adult to ensure understanding and support completion of tasks and to promote participation and independence in key areas
- Assistance with using alternative recording methods which enable the child to demonstrate knowledge without the requirement for extended written work
- Support given to use acquired language in a range of situations and environment e.g.

- Personalised planning for delivery of information shared in classrooms, e.g. simple language with instructions chunked. All communication modes actively incorporated into planning
- Daily implicit and explicit teaching of how to personalise and transfer skills learnt to other and everyday contexts
- Assistance with use of specialised alternative recording methods for all curriculum areas
- Development of choice making, initially by establishing simple and limited choices
- Intervention focussed on delivery of specific skills to a level of automaticity. Development of functional skills expected of children working at significantly below age expected expectations and as advised by specialist teams or in school specialist teachers
- Personalised timetable may include highly differentiated programmes in social and emotional aspects of learning, personal care, preparation for independence and adulthood and safeguarding
- Specific teaching is given to use key skills in a range of situations and environment e.g. community, workplace, shops, and public transport.
- A high level of support at points of transition

• Structured phonics programmes • Comprehension programmes • Spelling programmes • Numeracy interventions • Interventions to develop cognitive function, for e.g. comparison, categorisation, metacognition, etc … Modification of environment and the teaching of skills to develop: • Attention and on task behaviour • Memory and retention of information • Planning and organisation • Thinking and reasoning • Additional discussions between current and future staff at points of transition • Use of specific ICT programmes and specialist equipment to enhance recording and presentation of work e.g. CIP, Write on Line, Read and Write • Use of specialist resources to support the development of numeracy e.g. Numicon, number frames and rods, counting and number lines • Use of specialist resources to support the development of literacy e.g. word banks and glossaries, ACE dictionaries • Delivery of whole class and/ or small group interventions in literacy, numeracy, or cognitive functions for children (working at up to 2 years below age expected expectations)	community, workplace, shops, and public transport • Intervention (individual, paired or small group) focussed on delivery of specific skills to a level of automaticity. Development of skills expected of children working at more than 2 years below age expected expectations • Intervention to support emotional wellbeing where learning difficulties may have a negative impact: to include identification of stress levels and assessment of any behaviours causing concern • Support to complete out of class learning for children across all key stages • Focus on functional learning across the setting, home, and community	• The evaluation and use of specialist or adapted equipment / software where appropriate to access the curriculum & for communication

Social, Emotional and Mental Health

The SEN Code of Practice states:

'Children and young people may experience a wide range of social, emotional and mental health difficulties which manifest themselves in many ways and over time. These may include becoming withdrawn or isolated as well as displaying challenging, disruptive and disturbing behaviours. These behaviours may reflect underlying mental health issues such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.'

This means children and young people can have difficulty building and maintaining relationships with peers and adults; they can also struggle to engage with learning and to cope in the classroom without additional strategies and interventions.

SEMH need is not a lifelong condition but, like physical health, can vary over the span of a lifetime. With appropriate support, children and young people can move forward. Children with SEMH needs often exhibit acting out or withdrawn behaviours and these have a communicative function. These behaviours need to be understood in their context and there is no single form of intervention that will make a difference. It is understood that there are groups of children that are particularly at risk of experiencing SEMH needs which may often relate to adverse life experiences (e.g. trauma). All behaviour is a form of communication and should be understood in relation to the context. As is the case for complex needs of all kinds, there is no single form of intervention that will make a difference. Using evidence-based approaches and programmes can help to improve a child or young person's social and emotional mental health. It is It is vital to listen and to understand the voice of the child or young person and the context that they are in, when considering how best to support them. Education provision should always consider the environment and make appropriate adaptations for support based on understanding the importance of secure relationships and identifying potential factors which may increase anxiety or distress for children and young people. It is also important to consider that there may be unidentified, unrecognised or unmet needs that can manifest as SEMH difficulties.

Only medical professionals should make a formal diagnosis of a mental health condition. Schools, however, are well-placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing from a mental health problem. This may include withdrawn children whose needs may otherwise go unrecognised.

Children and young people with social, emotional and mental health difficulties may struggle to cope with school routines and making and sustaining relationships. They will be considered to have special educational needs if they require educational arrangements or interventions that are different from those generally offered in a mainstream school. However, although there are challenges, children and young people with social, emotional and mental health difficulties should be supported to fully participate in school and academic expectations for this group should remain high. Any intervention must be carefully planned with an expectation of re-integration to a full-time curriculum and to social interaction. Where a clear plan is not in place, there is a danger of increased disengagement from teaching and learning and from inclusion in all aspects of school life.

Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEN. Where there are concerns, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues. If a child has poor attendance or is not attending at all, the school should make appropriate referrals to local authority or external services and work with the children, families and team around the child, to bring about reintegration or placement change. The school maintains responsibility for the child, and should coordinate support for the child, even where other agencies, including Teaching and Learning Provision (TLP) are involved.

Professionals should also be alert to other events that can lead to learning difficulties or wider mental health difficulties, such as bullying or bereavement. Such events will not always lead to children and young people having SEN but it can impact on well-being and sometimes this is severe. Schools should ensure they make appropriate provision for the child's short-term needs in order to prevent problems escalating. Where there are long-lasting difficulties, schools should consider whether the child might have SEN. When planning how to meet a CYP's needs, full consideration should also be given to any co-existing challenges with communication, interaction or language. Where there are concerns, these should be ruled out by an appropriate Speech and Language Therapist.

Needs

SEN Support	Targeted *SEN Support level plus the following:*	Enhanced *SEN Support & Targeted levels plus the following:*
Communication and Interaction • SLCN (Speech, Language and Communication Needs) has been assessed as either mild or not present. This may be related to language or social communication needs (with or without Autism). ,	**Communication and Interaction:** • SLCN has been assessed as mild to moderate. This may be related to language or social communication needs (with or without Autism). • Pupil has significant difficulties interpreting and identifying emotions in themselves and others accurately. • Presence of SLCN is exacerbating SEMH presentation and limiting impact of strategies used at the SEN support level. • SEMH presentation is significantly altered/ alleviated by working on pupil's SLCN.	**Communication and Interaction:** • SLCN has been assessed as moderate to severe. This may be related to language or social communication needs (with or without Autism). • Pupil has severe difficulties interpreting and identifying emotions in themselves and others accurately. • Prescence of SLCN are a significant factor within the SEMH presentation. • SEMH presentation is not alleviated by working on the SLCN, even when guided by a Specialist Speech and Language Therapist. • SLCN are limiting access to interventions from other professionals.

	• Once pupils SLCN are understood, and strategies / interventions adapted, pupil responds and engages with support strategies.	• Even with adaptations and specific design of resources in line with SLCN, Pupil requires frequent adult input and intervention to access support strategies.

Participation in Learning:

- Only able to participate in learning for 60-85% of the day.
- Limited academic progress, not closing the gap to their age-related expectations.
- Intermittent or poor attendance which affects social and academic functioning (<95% attendance)

Self-care:
- Lacks awareness of or interest in own physical presentation
- Demonstrates impulsive behaviour which carries risk
- Has slow assimilation and poor application of life skills needed to keep self-safe despite teaching and reinforcement of these in curriculum (for example road crossing)
- Has slow assimilation and poor application of life skills which contribute to development of good functioning in social situations impacting on dignity and self-

Participation in Learning:

- Only able to participate in learning for 40-60% of educational activities.
- Lack of academic progress – gap to their age relating expectations widening.
- Intermittent or poor attendance affects social and academic functioning which require a school-based intervention. (<90% attendance)

Self-care:
- A high level of adult support needed for increasing independence and personal care skills
- Delayed development of hygiene and self-care i.e. regular soiling, that is not related to sensory or medical condition and is affected by significant contextual events, i.e. abuse or in response to transitions
- Difficulties understanding potentially high-risk situations
- Does not demonstrate fear or pain when appropriate to do so
- Inappropriate relationship with food or addictive substances

Participation in Learning:

- Only able to engage in less than 40% of educational activities.
- Very limited academic progress in any area.
- Academic regression not linked to a developmental condition or medical diagnosis.
- Unable to participate or carry out educational activities without high level of adult support.
- Attendance has dropped below 80% and not responding to school-based interventions.

Self-care:
- A very high level of adult support needed for increasing independence and personal care skills
- Evidence of self-harming, substance abuse, eating disorders or physical symptoms that are medically unexplained which have required a medical or mental health referral
- Attendance has been the subject of legislative measures

Attachment and Relationships:
- Demonstrates the need for daily and on-going support and encouragement from a

worth (for example poor understanding of how to eat with cutlery)

- Intermittent or poor attendance affects social and academic functioning

Attachment and relationships:

- Difficulties seeking comfort from familiar adults or seeks to gain and maintain frequent close physical contact with adults
- Difficulty in maintaining relationships with members of staff
- Difficulty separating from main carer and requires support and encouragement from a familiar adult to do so
- Difficulty in working independently

Social behaviours:

- Difficulties complying with boundaries, routines and adult requests
- Difficulties inhibiting own actions/ behaviours
- Difficulties understanding impact of behaviour on others
- Difficulties accepting praise
- Difficulties relating to unfamiliar people and new social situations

- Evidence of self-harming behaviours
- Attendance is continual cause for concern and is subject to school attendance monitoring systems

Attachment and Relationships:

- Repeatedly seeks affection, approval and reassurance but insecurity remains to an extent which prohibits successful functioning
- Places importance on objects rather than relationships showing traits of obsessiveness

Social Behaviours:

- Difficulties in forming and maintaining positive relationships, which also prevents being able to cooperate/ work in a group with other peers and adults and impedes functioning in learning tasks
- Difficulties developing the associated necessary skills and learning behaviours to enable effective initiation, sustaining and completion of tasks
- Experience disrupted learning and limited progress with actions that hinder the progress of others
- Damages or destroys own achievements, those of others and/or the learning environment
- Frequent, aggressive interaction with peers

familiar adult when separating from main carer which causes distress for a prolonged period

- Over dependent on key adults, with a sense of desperately needing to hold attention and expressing hostility or violence to that adult if thwarted in this
- Demonstrates hypervigilance and an absence of trust in adults and/or a lack of trust or compliance with any adult authority
- Projects inappropriate negative emotions onto adults
- Behaves in contradictory ways such as approaching adults whilst looking away
- Use of transitional object or 'holding in mind' activities and rituals

Social Behaviours:

- Overreacts dramatically and overwhelmingly to situations which do not appear to warrant it
- Seek out 'higher' authorities and has over inflated perception of self and abilities
- Consistently seeks out other vulnerable children, either to look after or to exert power over
- Displays anxiety through rocking, self-soothing or ritualistic behaviours

- Displays some attention seeking behaviour which is inappropriate or challenging
- Victim of bullying or intimidation or bullies or intimidates others
- Difficulties distinguishing between fact and fiction
- Difficulties interacting positively with peers
- Difficulties adapting to change in systems and routines
- Limited concentration and organisation in relation to age expectations
- Behaviours in class or group settings which can interrupt the progress of the activity or lesson

Emotional regulation:

- Difficulties with self-regulation and in managing feelings
- Difficulties expressing own preferences and interests
- Low self-confidence and low self-esteem
- Easily sensitive to disapproval
- When disapproval is shown, attention is withdrawn or when thwarted
- Requires encouragement to stay on task
- Frequently displays behaviour which is sullen, resentful or self-critical

- Can bear grudges or seeks revenge in relation to past confrontations

Emotional regulation:

- Inability to self-regulate without high levels of support
- Displays high levels of anxiety that can result in aggressive behaviours
- Displays high levels of anxiety that can result in withdrawal from learning or social situations.
- Extremely sensitive to criticism or implied humiliation

- Denies the need for help and support from adults, exerts control through refusal to accept help
- Demonstrates over preoccupation with tidying up, organising and always reverts to adult roles despite discouragement and distraction. Expresses overt anxiety when not able to perform these tasks
- Obsesses over small insignificant injuries (bruises, tiny cuts), but shrugs off significant injuries or incidents, or shows neurotic behaviours

Emotional regulation:

- Lacks ability to value own achievements and those of others, and is reluctant or even responds with hostility, fear or violence when encouraged to try new things
- Demonstrates avoidance to tasks, peers or adults through extreme behaviours such as hiding or running
- Requires continued and profound adult assistance to contain, process and express own emotional states due to inability to regulate feelings independently
- Resorts to fight, flight or freeze states to manage difficult emotional states, showing hypervigilance frequently or reacting to unseen triggers

		• Displays detachment, is shut down and disconnected from self or others, with dazed expression
		• 'Splits off' at times of trauma or stress, or in response to triggers not evident to others
		• Displays issues around food and eating or hoarding/ obsessing/stealing of objects
		• May have diagnoses of Foetal Alcohol Syndrome, Personality Disorder, Anxiety Disorder, Obsessive Compulsive Disorder

Provision

SEN Support – Ordinarily Available Provision	Targeted Provision *SEN Support level plus the following:*	Enhanced Provision *SEN Support & Targeted levels plus the following:*
• Careful planning and discussion with parents/carers and children about transition to secure continuity of experience for the child as they move from one setting e.g. classroom, teacher, school, to another • Assessment e.g. Thrive, Boxall, Strengths and Difficulties questionnaire used to assess needs and inform curriculum	• Individualised personal care plans drawn up with parents, carers and other professionals which mitigate against risk to the child's safeguarding and dignity • Specialist advice and input for school staff on how to enable full access to the curriculum and provide support for children with SEMH difficulties	• Personalised curriculum with flexibility may be needed throughout the day • High level of differentiation in behaviour management practice • Personalisation of outcomes regarding academic, social and emotional outcomes to provide the child with the experience of success

- Planning for social and emotional needs of children dependent on presentation and nature of needs e.g. different types of attachment
- Maximize opportunities through whole class teaching and where appropriate small groups, to develop: a sense of belonging, esteem, communication skills, listening skills, emotional literacy, resilience, social and emotional aspects of learning, self-awareness, self-organisation and independence, opportunities for taking responsibility, opportunities to take on a role outside of current expertise
- Key worker in place who forms a meaningful and genuine relationship with the child
- Provision of experiences and tasks that are challenging but achievable
- Opportunities for adults to model and facilitate positive interactions that enable children to develop positive ideas about themselves and others
- Opportunities for adults to role model the valuing of difference and of taking account of diverse needs and diverse expectations
- Planning for inclusion of children in group work e.g. working with a range of peers, making turn taking and sharing explicit, children take on different roles to support inclusion of all

- Referral to and joint working with other agencies to support families in meeting the developmental needs of the child and responding to emerging situations which place families and children in crisis
- Robust frameworks for child protection which recognise and identify risk factors, have clearly outlined pathways and accountable people to lead this
- Greater personalisation of outcomes, including social and emotional outcomes, to provide the child with the experience of success
- Deployment of key worker with appropriate skills at key times during the school day
- Adaptations to less structured times with planned adult supported activities
- Intervention regarding behaviour management leading to specific behaviour plans which are shared with all involved
- Enhanced PSHE/ SEAL programme and re-enforcement throughout the school day including:
- Use of thinking tools: Executive functioning skills, Mind-sets e.g. Carol Dweck, solution focussed approaches and coaching
- Use of behavioural tools e.g. ABC analysis, rewards, recognition, corporation training

- Planning for key worker support in all classrooms
- Flexibility of timetabling allows development of key skills and positive social behaviours individually or in small groups
- Different arrangements e.g. on-site longer term, time out facility but with the aim of reintegration, or a bespoke curriculum.
- A high level of support at points of transition – including daily transitions

Where the presence of SLCN are a significant factor within the SEMH presentation, resulting in significant functional impact; the following provision may be supportive and appropriate:

- Regular and frequent direct and indirect contact with a Speech and Language Therapist to support the development of associated communication and language skills, social communication and emotional understanding and regulation, and/or to enable access to other services and their intervention.
- Consistent trusted communication partners with training in 'emotion coaching' and to 'co-regulate' to implement bespoke strategies developed by a Speech and Language Therapist or Psychologist.

- Differentiation of behaviour policy to take account of diverse needs
- Children's involvement in developing Additional Support Plans e.g. agreeing expectations and problem-solving strategies such as mediation
- Staff are vigilant to injustice and explicit in how these are addressed and resolved
- Talk to the child about their feelings and those of others so that they are able to label and so express their emotions
- Enhanced PSHE/ SEAL programme and re-enforcement throughout the school day including:
  - Ongoing support for children in understanding their right to be kept safe by others
  - Opportunities to explore ways of managing emotions so that children don't hurt others
  - Opportunities to explore the development of close relationships, enabling the growth of self-assurance and promoting a sense of belonging which allows children to explore the world from a secure base
  - Inclusion in nurture groups or intervention set up with Nurture Principles, run by trained staff, co-ordinated across the school setting and seeking to reintegrate

- Social toolset, social skills, goal analysis Planned calming routines as needed during the school day. These will have been pre taught and involve the child in planning
  - Safe spaces identified for when quiet time is needed
  - Provision of stability in staffing and peer relationships as far as possible
  - Behaviour system in place for less structured times of the day and for extra curricular activities with planned intervention for identified children
  - Time out opportunities within and outside the classroom which follow procedures agreed with the child and which focus on task completion
  - Personalised planning for transition

Where SLCN have also been identified as exacerbating SEMH presentation and limiting impact of strategies, the following provision may also be supportive and appropriate:

- Access to advice, support and intervention from the HCC Communication and Interaction Team Mainstream Speech and Language Therapy, and Specialist Teacher Advisor Service.

children by reviewing carefully targeted outcomes • Range of additional opportunities for social and emotional development e.g. social skills, buddy systems, circle time, circle of friends • Consideration of seating plans according to the child's needs e.g. are they better placed near to the teacher, which peers should they sit with? Seating plans and classroom layout adjusted to meet sensory, attention needs • Safe spaces identified for when quiet time is needed • Provision of stability in staffing and peer relationships as far as possible • Positive behaviour system in place for less structured times of the day and for extra curricula activities with planned intervention for identified children • Time out opportunities within and outside the classroom which follow procedures agreed with the child and which focus on task completion • Transitions identified and prepared for including changes in school day and annual change of staff • Other external agencies e.g. Early Help, may become involved to support the family	• Irregular or low frequency contact with a Speech and Language Therapist to support the development of communication and language skills • A communication report, passport or provision map detailing strategies or communication aids that support the child's needs written by a Speech and Language Therapist. This is a working document shared with all adults supporting the CYP. • Strategies to be used to support communication and language skills, social communication and emotional understanding and regulation to be integrated in learning and decision making. • Adults have had relevant training and are seen to use appropriate, evidence-based communication strategies, relevant to each individual child or young person. • Written and verbal information is adapted to meet individual communication styles and needs. • A consistent communication partner to be available for 'emotion coaching' and to 'co-regulate'.	

• Therapeutic or counselling support where appropriate e.g. school counselling, CAMHs intervention • Additional discussions between current and future staff at points of transition **Where there is a query over the presence or impact of SLCN in addition to SEMN the following provision may be supportive and appropriate:** • Referral for assessment of Speech, language, and Communication skills by a Speech and Language Therapist to establish if there are underlying SLCN and how they are contributing to SEMH profile. • Schools having a consistent communication friendly/ accessible environment which promotes best practice approaches with colleagues, school staff and parents. • Whole Staff training in the communication needs of pupils with SEMH and knowledge of how to modify adult language to meet the communication needs of the child within positive behaviour interactions. E.g., the PRIDE model. • Pupils have planned regular opportunities throughout the day to express their thoughts and ideas to a key trusted adult. • Integration of strategies held in the SEN Support Guidance for Schools document or the Solent Therapy Support Pack for Schools into teaching and learning. • Pupils are able to use and have access to a consistent visual system to communicate how they are feeling, when they do not understand, when they need help		

Sensory and/or Physical Needs

The SEN Code of Practice states:

'Some CYP require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age-related and may fluctuate over time. Many CYP with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning or habilitation support. CYP with an MSI have a combination of vision and hearing difficulties. Some CYP with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.'

Hearing Impairment

A child or young person has a hearing impairment (HI) if their unaided hearing threshold is more than 20 dBHL across a range of frequencies. This will be determined by a medical professional (audiologist). Hearing impairment is a low incidence disability which has many different causes and varies widely in its effects on the child or young person's functional hearing, language, and access to the curriculum. It is important to understand that each child or young person's use of residual hearing will be different from the next even if they have the same diagnosis or level of hearing.

There is considerable variation in the levels and types of childhood deafness. Children and young people who are deaf may have a permanent mild, moderate, severe, or profound hearing loss in one or both ears and/or a temporary loss such as glue ear. Deafness often has an impact on early acquisition of language, and this is often pervasive with long term effect. Language delay will have a significant impact on a child's ability to access a school curriculum, their self-esteem, and their social and emotional development.

Hearing impairment: The level of hearing loss alone does not determine the degree of difficulty that the child or young person may experience in the school setting. It is how they function with their hearing loss that is vital.

Mild hearing loss: Hearing loss between 21 – 40dBHL
Moderate hearing loss: Hearing loss between 41 – 70dBHL
Severe hearing loss: Hearing loss between 71 – 95dBHL
Profound hearing loss: Hearing loss over 95dBHL

Needs

SEN Support	Targeted *SEN Support level plus the following:*	Enhanced *SEN Support & Targeted levels plus the following:*
- Typically, the child may have, a unilateral hearing loss or a fluctuating conductive hearing loss, a mild sensorineural hearing loss - Language levels will be age appropriate or in line with their cognitive ability. Language level and progress need to be monitored as children with hearing impairment find it harder to assimilate new vocabulary into their auditory memory - The STA HI will carry out an initial assessment of need. A school will receive training and some strategies to implement in relation to the child's specific HI needs. - Schools may contact the Specialist Teacher Advisory Service for HI at any time for additional advice if they have concerns about attainment and progress - The child's speech will be intelligible - Children with fluctuating hearing loss may appear to be dis-engaged, show signs of frustration or appear unusually tired or irritable, because they have to try harder to listen. - Children with hearing loss are more prone to develop mental health issues, experience	- Typically, the child may have a moderate to severe sensori–neural hearing impairment or a permanent conductive hearing loss. - Children in this group may have a diagnosis of Auditory Neuropathy Spectrum Disorder or a deteriorating condition - Language levels may show some delay identified through appropriate assessment and may require support or targeted interventions in school from a Qualified Teacher of the Deaf and/ or a Speech and Language Therapist - A child may have difficulties with socialisation as a result of difficulties in following speech in a group and a lack of awareness of social situations - A child may have some speech difficulties e.g. Lack of speech clarity, disordered or missing words, immature grammar structures. - A child may need emotional support to develop a sense of their own identity, resilience, self-esteem. - A child may make less progress than expected due to difficulties accessing the curriculum associated with their language levels.	- Typically, the child may have a severe or profound sensori–neural hearing impairment. - The child may have a late diagnosis or a deteriorating condition. - They may have an additional or separate diagnosis of Auditory Neuropathy Spectrum Disorder. - Language levels will show significant delay: typically, two or three years below their chronological age and will require targeted support from a Qualified Teacher of the Deaf and Speech and Language Therapist - The child may make slower progress and be well below age appropriate NC expectation due to difficulties associated with their language levels, which is not in line with their cognitive development. - The child may have significant problems with socialisation as a result of difficulties in following speech in a group, social skills level and a lack of awareness of social situations - The child may have speech difficulties and require specialist HI SALT input. - The child may have limited ability to use and understand spoken language, the use of sign in addition to speaking and listening or the

		use of sign as a primary mode of communication may be required.
isolation and find it difficult to form friendships		
• Any concerns or changes should be discussed with the STA HI		• The child may display emotional and behaviour difficulties linked to their frustrations, due to their delayed language and communication development, self-image concerns, or feeling of isolation

Provision

SEN Support – Ordinarily Available Provision	Targeted Provision *SEN Support level plus the following:*	Enhanced Provision *SEN Support & Targeted levels plus the following:*
• Specialist advice on strategies and teaching approaches will be provided by from the Specialist Teacher Advisory Service for Hearing Impairment • Children may require additional time to process auditory information and to complete tasks. • Attention should be paid to seating to position in class. Children should be seated no more than two metres from the teacher for instruction. • The child will need a consistent view of the speaker to gain additional visual cues e.g. lip-pattern, facial expression, and body language. • Consideration given to the child's access to spoken language in assemblies. Where	• Specialist advice and input for school staff on how to enable full access to the curriculum and provide support for curriculum or skill areas and/or task analysis • Greater personalisation of outcomes (refer to outcomes relating to earlier aspects of the curriculum) to provide the child with the experience of success • Access to personal aids: The child will have hearing aids and may require a personal radio aid to support access to learning • Pre and post tutoring/Regular individual / small group intervention to reinforce new concepts and language • A multi-sensory approach to reading and spelling strategies.	• Individual/ small group intervention in order to reinforce new concepts and language and to target areas of concern such as speech and language, vocabulary and phonics in a quiet environment. These will be daily. • Additional support from a trained and experienced key adult to prepare for and reinforce lesson content, support language development, and ensure the child is accessing the curriculum • Adapted and modified resources • A radio aid system • Specialist provision in a mainstream school with a Resourced Provision for Hearing Impairment if appropriate

- possible use a PA system in assemblies if a radio aid system is not used.
- Consideration given to the child's access to spoken language in large reverberant rooms such as school halls and gyms
- Use of subtitles and or a written script when being shown video clips, DVDs etc. Children with hearing impairment should not be asked to take notes when they are watching
- Teaching staff repeat the contributions of other children as these may be missed or misheard
- Individual / small group pre and post -tutoring intervention to introduce and consolidate new language and concepts as required.
- A multi-sensory approach including the use of visual aids and contextual clues. This is especially important during phonics sessions when children are establishing their phoneme-grapheme correlation and may mishear sounds
- Individual / small group intervention to help children to accept and manage their hearing loss and develop a positive self-image as a deaf child
- Other children may need support to understand and accommodate their deaf peers' needs
- Consideration of Access Arrangements for assessments

- Individual / small group intervention re specific areas e.g. Speech and Language, Vocabulary and Phonics and social skills.
- Access to a quieter space for individual and group interventions.
- Additional support from a trained and experienced key adult to reinforce lesson content, support language development and ensure children are accessing the curriculum and support social interaction
- Access Arrangements for school based and external assessments if appropriate
- Sign Supported English may be necessary whilst developing their language
- On-going advice and training from a Qualified Teacher of the Deaf in how to differentiate lessons so children can access them
- Annual Training to understand the impact of hearing impairment on language, concept development and social skills
- Training in how to use and troubleshoot children's personal radio aid equipment/ hearing aids, cochlear implants etc
- Personalised planning for transition with all relevant professionals

- Access Arrangements for assessments which should take place in a quiet room
- Sign support in class (usually Sign Supported English but may need British Sign Language) if appropriate
- Ongoing and further/more advanced training and advice from Qualified Teacher of the Deaf / STAS HI on appropriate strategies and approaches to ensure that children make good language (academic) progress
- Significant modification of resources and materials so that they are accessible (staff will need time to do this)
- Dedicated access to a quiet room for intervention working with a trained and experienced adult
- A balanced approach to support and intervention to encourage independence
- A high level of support at points of transition
- Ongoing and more advanced training and advice from STAS HI
- Further/more advanced training in how to manage and make best use of the child's hearing aids / cochlear impairments and personal radio aid equipment

• Advice from a Qualified Teacher of the Deaf on appropriate strategies and teaching approaches to ensure that the child or young person continues to make good language progress and develops positive self – esteem • Training in how to manage the child's hearing aids and any additional audiology equipment • Monitoring of and support for the use of hearing aids and radio aid if appropriate • Additional support at points of transition		

Visual Impairment

A child or young person has a visual impairment if their sight cannot be corrected by glasses. A visual impairment is a low incidence disability with many different causes. It varies widely in its effects on a child's functional vision and access to the curriculum. It is important to understand that each child's functional use of vision will be different from the next even if they have the same diagnosis and level of vision. The professional judgement of a Qualified Teacher of the Visually Impaired (QTVI) should be applied as necessary to decide on the classification of the visual impairment. For example, a child may have a mild reduction in visual acuity but be functioning within a different visual category due to an additional ophthalmic condition e.g. Nystagmus, visual field reduction, cerebral visual impairment, and/or additional learning difficulties.

All children with vision impairment are eligible for special consideration under The Equalities Act (2010). Differentiation should be considered, for example, the modification of print materials, suitable seating position, lighting conditions, use of specialist technologies and, how to ensure children can move independently around your setting safely. This may include an environmental audit with recommended adaptations.

Needs

SEN Support	Targeted *SEN Support level plus the following:*	Enhanced *SEN Support & Targeted levels plus the following:*
Mild Vision Loss • Distance vision:6/12 to 6/18 Snellen* (Logmar 0.3 – 0.48) • Near vision: Font size equivalent to N14-N18 • There may be great variation in functional use of vision ** Snellen scale 6/12 would indicate that what a fully sighted persons sees at 12 metres, the child with vision impairment would need to view from 6 metres to see the same level of detail. This*	**Moderate Vision Loss** • Distance vision: 6/19 to 6/36 Snellen* • (Logmar 0.5 – 0.78) • Near Vision: Font size equivalent to N18 – N24 • There may be great variation in function use of vision	**Severe and Profound Vision Loss** • Severe vision loss: distance vision: 6/36 – 6/60 Snellen* - registered sight impaired (partially sighted) • (Logmar 0.78 – 1) • Near vision: Font size equivalent N24 – N36 • Profound vision loss: Distance vision <6/60 – Logmar >1.0 registered severely sight impaired • The child may be educationally blind and unable to access learning through print • Near vision: educationally blind / Braille user / can access small quantities of print larger than N36

acuity would be with corrected vision (glasses or contact lenses if prescribed)

Provision

SEN Support – Ordinarily Available Provision	Targeted Provision *SEN Support level plus the following:*	Enhanced Provision *SEN Support & Targeted levels plus the following:*
- Specialist advice and training on strategies and teaching approaches from the Specialist Teacher Advisory Service (STAS) Qualified Teacher for Visual Impairment (QTVI) - Children within this category should make age appropriate progress through high quality inclusive teaching guided by the STA VI - Curriculum differentiated so that content can be accessed independently of visual impairment - Adaptation of printed resources - Additional time to complete tasks if needed - Attention to layout of classroom and positioning in class dependent on the child's best visual field and as advised by STA VI - Children may need support from a key adult with appropriate training to reinforce lesson content and ensure the child is accessing the curriculum and support social interaction	- Specialist advice and training for school staff on how to enable full access to the curriculum and provide support for curriculum or skill areas and / or task analysis - Greater differentiation and / or modified planning and preparation required across the curriculum on the advice of the QTVI and implemented by the setting - Children should have the option of alternative ways of recording their work - Children may need individual and small group work to introduce and consolidate new concepts and learning opportunities - More time is allowed to enable learning to automaticity before further skills are taught (previous skills learned to automaticity, a small amount of new material is introduced, and all the material is practised together) - Greater personalisation of outcomes (refer to outcomes relating to earlier aspects of the	- On-going personalised advice and training from the STAS for school staff to enable full access to the curriculum - A high level of dedicated support from a trained key adult - Teacher and key adult need to work collaboratively to ensure the best outcomes for the child - High level of differentiation by teaching staff and key adult - Personalisation of outcomes in all areas of the curriculum - Delivery of information actively incorporated into planning - Lesson plans available in advance so that specialist resources can be prepared - Preparation of adapted and modified print, tactile and/or auditory materials and teaching resources on the advice of the STAS provided by the setting

• Advice and support for mobility, orientation and independence skills • Support for social interaction and inclusion • Health, Safety and Risk management re visual impairment e.g. trips and extra curricular activities • Individual/ small group intervention to help children to manage their visual impairment and develop a positive self-image • Other children may need support to understand and accommodate needs of their visually impaired peers • Consideration of Access arrangements for school based and external assessments • Environmental walk / checklist of setting by STA VI • Additional discussions between current and future staff at points of transition	curriculum) to provide the child with the experience of success • Children may require additional support from a key adult with appropriate training to reinforce lesson content, support language development and ensure the child is accessing the curriculum and support social interaction • Direct teaching as advised by STA VI to develop specialist skills known as the VI curriculum e.g. touch typing and use of Low Vision Aids (LVAs) • Access arrangements for school based and external assessments • Differentiation for inclusion in outdoor activities and extra curricula activities • A child may need emotional support to develop a sense of their own identity, resilience, self-esteem.	• Children may need additional time to experience and understand new activities • High levels of additional support from a specialist TA who can reinforce lesson content and ensure the child is accessing the curriculum and support social interaction • An appropriate level of direct teaching from STAS to develop specialist skills, known as the VI curriculum e.g. Braille, use of tactile resources • Intervention from the STAS to develop tactile skills, touch typing and / or the use of specialist technologies e.g. screen reading software, Braille readers • An on-going programme of mobility and Independent Living Skills (ILS) devised and delivered by qualified Habilitation Specialist • Dedicated access to a quiet room for individual teaching and learning sessions delivered by school staff and STAS • A balanced approach to support an intervention to facilitate social inclusion • A high level of support at points of transition

Multisensory Impairment

Children and young people with multi-sensory impairment (MSI) have impairments of both sight and hearing. Many children also face other challenges, such as medical conditions or physical disabilities. A very small number of children and young people with MSI are totally blind and deaf, but most have some useful vision and/or hearing. A huge range of conditions can cause MSI. There is no single or main cause.

It may not be clear at first how well a child can see or hear, especially if they have other problems. Many children with MSI have impairments of other senses, as well as sight and hearing. They may have poor balance, limited movement, under- or over-sensitive touch or an impaired sense of smell.

MSI is a very rare impairment, particularly in children.

We normally get most of our information about the world around us through sight and hearing, so multi-sensory impairment (MSI) makes a significant difference to children's learning and development. Without extra help, MSI effectively restricts experience of the here-and-now – what is happening at this moment, within arm's reach. Children may not realise that the wider world exists, or they may find it so confusing and threatening that they ignore it as far as possible.

Needs

SEN Support	Targeted *SEN Support level plus the following:*	Enhanced *SEN Support & Targeted levels plus the following:*
• Mild loss in both hearing and sight and making good use of at least one modality (hearing or sight) • Hearing aids and/or Low Vision Aids • Non-progressive condition • Slower pace of working but has good compensatory strategies • Difficulty with listening, attention, and concentration • Language and communication largely match potential given appropriate support	• Moderate loss in both modalities (hearing and sight) • Additional language and / or learning needs associated with multi-sensory impairment • Difficulties accessing incidental learning, including signed and verbal communication • Slower pace of learning • Difficulties with attention, concentration • Difficulties with the development of independence and social skills	• Severe/profound loss in one modality and moderate in the other or has a late diagnosed or recently acquired multi-sensory impairment • Delayed development in some areas of learning and difficulties generalising learning and transferring skills • Difficulties coping with new experiences and underdeveloped independence and self-help skills • Communication difficulties

• Low level of support needed to manage equipment/aids • Additional learning needs • Auditory Neuropathy, Cerebral Visual Impairment • Sensory processing difficulties		• Significant difficulties in accessing incidental learning and the curriculum • Significant difficulties with attention, concentration, confidence and class participation • Unable to access learning and social interactions independently and to develop life-skills • Significantly slower pace of learning • Significant challenging behaviours resulting from sensory responses e.g. self-injurious

Provision

SEN Support – Ordinarily Available Provision	Targeted Provision *SEN Support level plus the following:*	Enhanced Provision *SEN Support & Targeted levels plus the following:*
• Specialist advice and training on strategies and teaching approaches from the STAS VI AND STAS HI teachers • Planning to ensure full participation in class activities • Adaptation of resources and use of technology to personalise resources • Specialist equipment e.g. low vision aids and electronic magnification, radio aids • Modification to presentation of assessments • Explanation, clarification and reinforcement of lesson content	• Specialist advice for school staff on how to enable full access to the curriculum and provide support for curriculum or skill areas and/or task analysis • Advice from STAS re aspects of learning requiring specific intervention • Greater personalisation of outcomes (refer to outcomes relating to earlier aspects of the curriculum) to provide the child with the experience of success • More time to enable learning to automaticity before further skills are taught (previous skills	• On-going personalised advice and training from the STAS to enable full access to the curriculum and social inclusion • Additional support from a dedicated, specialist key adult across the curriculum to prepare resources and give direct support with communication and interactions. (Intervenor) • Settings will provide a minimum of one key adult who is willing and able to learn Unified English Braille or BSL Level 2 or body signing, where appropriate. • Greater personalisation of outcomes (refer to

- Additional time to complete tasks if needed
- Additional support from key adult with appropriate training to reinforce lesson content and ensure the child is accessing the curriculum and is socially included at key points in the day
- Health, Safety and Risk management re visual impairment
- Individual/ small group intervention to help children to manage their multisensory impairment and develop a positive self-image
- Support for other children to understand and accommodate needs of their multisensory impaired peers
- Access arrangements for assessments
- Advice on support for mobility, orientation and independence from STA VI team.
- Additional discussions between staff at points of transition
- Training to understand the impact of multisensory impairment on development of academic and social skills
- Review personalised learning plan at least termly.

- learned to automaticity, a small amount of new material is introduced, and all the material is practised together)
- Planning to ensure full access tp learning and development of social and emotional skills
- Key adult to reinforce lesson content, support language development and ensure access to the curriculum and social interaction
- Teacher and key adult work collaboratively
- Advice from STAs re direct teaching to develop specialist skills e.g. touch-typing use of Low Vision Aids (LVAs)Intervention programme from the STAS QHS
- Intervention to teach strategies that enable children to manage their own arousal levels e.g. 'Alert Programme' delivered by trained staff
- Sensory - motor based activities e.g. movement breaks, fidget toys or workstations
- Flexible provision that allows time for children to preview and review lessons and experience new activities in a quiet area
- Access arrangements for school based and external assessments
- Sensory circuits (min 3 days a week, ideally 5 days)
- Training and advice from STAS on use of specialist software
- Training on-line: Alert Programme
- Personalised planning for transition

- outcomes relating to earlier aspects of the curriculum) to provide the child with the experience of success
- A tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication
- Access to modified resources printed materials and teaching resources and staff time to prepare resources
- Specialist technologies to access learning including a radio aid system as appropriate
- Delivery of information actively incorporated into planning
- Lesson plans available in advance so that specialist resources can be prepared
- Dedicated access to a quiet room for intervention
- Direct teaching from STAS to develop specialist skills e.g. VI core curriculum including Braille, use of tactile resources
- Intervention from the STAS to develop tactile skills, touch typing and / or the use of specialist technologies e.g. screen reading software, Braille readers
- Mobility and Independent Living Skills Intervention programme from the STAS QHS
- Access to sensory circuits
- Ongoing training and advice from STAS e.g. production of tactile resources, use of specialist equipment

Physical Difficulties

Within the group of children and young people considered to have physical and neurological difficulties, there may be different forms of need:

- A child may have a physical condition that directly affects their learning outcomes. For example, significant involuntary control of the muscles of the arm will affect a child's ability to write; significant involuntary control of oral musculature may lead to the need for alternative and augmentative communication (AAC); or perceptual difficulties may cause difficulty with the process of learning to read
- A child may have a physical condition with less immediately obvious associated learning difficulties, sensory needs or neurological problems. A neurological impairment can impact on aspects of thinking and learning such as verbal/non-verbal reasoning, executive functioning, memory and processing
- A child may primarily have problems with physical access which does not directly require modifications to learning content but rather the provision of appropriate mobility aids and modifications to the school environment
- A child may have a specific medical disability that requires regular specific nursing or medical /paramedical intervention in order to benefit from school [1]

Consequently, there are children whose physical disabilities require either separately or in overlapping combination:

- Appropriate modification to curriculum access (for example practical assistance in certain subjects)
- Appropriate modification to curriculum content (for example presentation and recording**)**
- Support for the development of independent learning skills
- Appropriate modifications to physical access and the physical environment
- Specialist equipment, such as seating or modified tables
- Appropriately trained staff to support with medical or self-care needs
- School staff will need to understand the importance of all of the individual needs and aspirations of the child rather than attending only to the most immediate factors linked to their particular disability or condition

If the child reviewed has needs requiring modification to curriculum content in addition to their main physical needs, then their progress and provision level will also need to be assessed within the appropriate section/s of the provision guidance.

Needs

SEN Support	Targeted *SEN Support level plus the following:*	Enhanced *SEN Support & Targeted levels plus the following:*

• Children have persistent minor health problems relating to physical disability or a medical condition requiring an increased level of monitoring
• They can move position independently but have stability and/or gross/fine motor coordination difficulties; e.g. they will have a reduced ability to run or jump, hand function may be restricted
• Mobility, speed, balance and co-ordination is affected, particularly over medium to long distances
• Crowded areas or confined spaces will compromise balance
• They can make independent use of available safety features of the school environment, such as hand rails and sloped walkways and can walk up and down stairs.
• Disability limits the amount of self-care possible and verbal reminders and limited adult assistance may be required
• Basic equipment adaptations and / or additional opportunities for practise supports the development of pupil's fine motor skills e.g. trialling pen / pencil skills / fine motor skills group work
	• Impaired motor functions, affecting dexterity or mobility within school, which would without intervention, directly obstruct or hamper access to the curriculum
	• Multiple medical interventions/close monitoring which does have a moderate impact on curriculum access and daily routines is required.
	• Uses wheeled mobility for longer distances, outdoors and in the community – self-propel, powered or requires physical assistance with manual chair.
	
	• Environmental adaptations to access school curriculum. For example, ramping, widening doorways, provision of care-suite for hygiene or adapted toilet facilities
	• Adult assistance to access the curriculum, manage their condition or move safely around the environment
	• Exhibits fatigue, lack of concentration or motivation due to their condition, which is having a marked effect on classroom performance
	• Learning frequently affected by health problems and hospital visits
		• Children are likely to have life-long learning difficulties or disabilities, across several areas of development, and will require very targeted and specialist intervention
		• Constant 1:1 medical intervention/monitoring which does have a significant impact on curriculum access and daily routines is required.
		• Pupil has profoundly limited functional use of their hands.
		• Uses Assistive Technology as an alternative method of recording their work.
		• Uses switches / eye-gaze.
		• Pupil may have high-tech AAC resources
		• Utilises specialist equipment to enable access to curriculum and activities of daily living e.g. hoisting, complex modular seating systems, standing frames, toileting equipment, manual-handling aids such as transfer boards
		• Children have significant difficulty performing physical skills
		    ○ Limited ability to maintain head and trunk posture.
		    ○ Limited ability to control movement of limbs.
		    ○ Requires hoisting to improve head alignment, seating or standing and all transfers

• Is able to handwrite but may require alternative writing implements and surfaces.
• May need ICT as an alternative method of recording longer pieces of writing.
 	
• Requires minimal support or supervision with dressing and personal care.
 	
• Independent with eating.
 	
• PD difficulties have a mild effect on learning.
 	
• May need some support/reminders/strategies to listen.
 	
• PD difficulties have a mild effect on SEMH.
 	
• May need additional support or strategies in class to help with the child's engagement and attitude to learning.
	• Needs specialist input to comply with health and safety legislation e.g. to access learning in the classroom for personal care needs, at break and lunch times
	• Significant difficulty hand-writing their work
	
	• Increased use of alternative methods for extended recording e.g. scribe, laptop, predictive text software, Software to support access, learning and communication is installed, low/high tech AAC including access to specialist switching/mounting, external mice/keyboards
	
	• Uses AAC to augment their speech or as an alternative communication strategy to interact with peers or adults.
	
	• PD difficulties have a moderate effect on learning.
	
	• The gap is growing between pupil and peers.
	
	• Pupil is not meeting ARE in core subjects.
	
	• PD difficulties have a moderate effect on SEMH.
	• Pupil needs support additional to/different from emotional support provided in class.
		o Limitations are not fully compensated by equipment.
		
		o Pupil needs 2 adults for transfers
		
		o Uses manual wheelchair or powered chair at all times in the setting.
		
		• Neurological factors have a significant impact on learning and functioning
		• Disability prevents self-care in one or more tasks, such as toileting, feeding, dressing
		  o 2:1 for toileting, involving hoisting.
		  o Learning stoma care/catheterisation techniques.
		  o 1:1 support for all aspects of dressing and undressing.
		  o 1-1 feeding at lunchtime.
		  o Pupil is tube fed.
		  o Pupil has a tracheostomy/oxygen
		
		• Balance is required between educational, medical and therapeutic needs and interventions
		
		• PD difficulties have a severe effect on all aspects of learning.
		  o Needs constant support, 1-1 in all situations.
		  o Significant curricular adaptations may be necessary.
		  o Needs skilled individual support to learn.
		  o Pupil is not meeting ARE in any area of the curriculum
		
		• PD difficulties have a severe effect on SEMH.

Provision

SEN Support – Ordinarily Available Provision	Targeted Provision *SEN Support level plus the following:*	Enhanced Provision *SEN Support & Targeted levels plus the following:*

• All staff involved are aware of the nature of the physical or neurological difficulty and linked learning and/or access requirements
 	
• All staff are aware of the principles of effective differentiation and can put them into practice for children with mild physical and neurological difficulties
 	
• Effective systems of internal communication between school staff are in place so that appropriate information is shared about the implications for the children's individual needs in relation to their physical disability or neurological impairment
 	
• Additional teacher/therapist liaison is required to ensure appropriate balance between educational and direct therapy objectives (linked to developing holistic goals/outcomes)
 	
• Specific training for support staff in implementing and delivering therapy programmes (within the holistic approach)
 	
• Resources are chosen that limit the need for manipulation
 	
• Access is maximised for teaching approaches which involve visual and practical resources
 	
• Written recording demands are reduced
	• Specific training for support staff in implementing and delivering daily therapy programmes (within the holistic approach)
	
	• Staff training related to administration or assistance with specific medical/personal care needs may be required
	
	• All teaching staff will need to have received relevant and specific training on how to assess and meet the needs of children with significant physical disabilities and (for some children) learning related difficulties including manual handling training
	
	• Staff will require AT/AAC training in appropriate software and hardware.
	
	• Staff need to undertake risk assessments regularly for individual children in different contexts
	
	• Disability-aware staff remain actively focused on all the needs of the individual child and take account of their views
	
	• Access to supportive seating is required
	
	• Access to an additional mobility resource is needed, such as a walking frame or wheelchair
	
	• Aspects of the school environment are adapted for specific needs, such as ramped access or an accessible toilet
		• Adult support is needed for transferring resources between lessons
		
		• Adult support ensures effective mobility access when required/ requested
		
		• Adult support is provided for identified self-care tasks
		
		• Differentiation of the curriculum considers missed schooling and the possible need for home tuition
		
		• Hoists may be required for transfers
		
		• Access to tail-lift transport is needed to and from school and for educational trips
		
		• The use of mobility resources are effectively reviewed and managed
		
		• Access to hydrotherapy is required for some children
		
		• Expected interventions to support emotional well-being for learning
		
		• A high level of adult support is provided to:
		    ○ maintain child safety;
		    ○ provide emotional support and help clarify signs of stress or concern;
		    ○ meet personal care needs;

• Regular rest breaks reduce mental and physical fatigue • Appropriate seating placement is considered • Additional support for self-care is provided when required/requested • Access is provided to a variety of strategies and personalised low-tech resources, such as a writing slope or modified scissors • The school environment already has adapted safety/ support resources • Effective systems of communication are in place between adults and children to enable the pupil to follow instructions, answer questions and interact with their peers and staff. • Risk assessment to cover movement and/or transfers	• Technology resources are made available, linked where appropriate with Assisted Communication or Alternative and Augmentative Communication (AAC) resources and equipment • A scribe is used when required • Specialist transport arrangements and advance planning are provided to ensure maximum access and involvement on school trips • Additional support is available for physically active lessons such as PE or modified PE • Appropriate staffing is needed to monitor and support for specific activities, such as swimming • Expected interventions to support emotional well-being for learning • Stress levels due to any sensory needs are monitored and appropriate strategies to reduce these are implemented consistently • Regular opportunities are provided for the child concerned to express their concerns and identify preferences • Up-to-date access to specialised and personalised resources and equipment (recommended by) o physiotherapist/occupational therapist/specialist teacher adviser for physical disabilities/speech and language therapist/paediatrician or specialist nurse) is regularly maintained	o Provide rapid response to any emerging medical need